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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (Navy researchers and administrative managers). Corpsmen and Dental Technician designators are identified in front of their names.

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Headline TRICARE European office announces move
From TRICARE Management Activity

ALEXANDRIA, Va. -- The TRICARE office in Europe has moved to a new location. The office of the TRICARE Europe lead agent, formerly called the TRICARE Europe Support Office, moved to new facilities at Sembach Air Base, Germany, earlier this year.

The move combines under one roof a number of functions that were previously spread throughout various locations in Germany. The office, now known as the TRICARE Europe Office (TEO), expects to better serve European medical facilities, staff and TRICARE program beneficiaries at a centralized location. The new office has additional space for the TRICARE Europe Heidelberg staff, and for TRICARE program managers.

The office's new mailing address is: TRICARE Europe,

Unit 10310, APO AE 09136-0005 The physical address (for Federal Express mail, hand-deliveries, etc.) is: TRICARE Europe, Unit 10310, Bldg. 214, Fourth Floor, Sembach Flugplatz, Heuburg 67681.

New telephone numbers and e-mail addresses were also effective earlier this year. The new telephone numbers are DSN prefix is 496-XXXX, and the commercial number is (49) 06302-67-XXXX. The E-mail addresses have also changed. If you don't know the e-mail address of a TRICARE Europe staff member, you may contact him or her at this address: TEO@sembach.af.mil.

Be sure to update your bookmarks with the new web address. The TRICARE Europe web site is now located at: <http://www-teo.sembach.af.mil>.

In another relocation, the TRICARE Europe Portability Center (TEPC), formerly in Heidelberg, has moved to Einsiedlerhof, Germany. This office processes transfer and disenrollment requests from other regions, and handles general questions from beneficiaries who call on a toll-free line from the continental U.S. The toll-free number remains the same: 1-888-777-8343. The Portability Center also be reached at the commercial fax number: (49) 631-357-3785. Or, call this commercial phone number: (49) 631-357-3780. Portability questions may be e-mailed to: portaeur@interquest.de. The mailing address is: TEPC, Unit 6000, APO AE 09094.

NOTE: Please do not send TRICARE claims to either of the above addresses. Claims will continue to be processed by the overseas claims processor: Wisconsin Physicians Service, P.O. Box 8976, Madison, WI 53708-8976. Persons who have claims problems must contact their servicing TRICARE service center for help with these problems.

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Headline: Fleet Hospital Five tests their skills during Operational

Readiness Evaluation

By Judith A. Robertson, Naval Hospital Bremerton

BREMERTON, Wash. -- Staff members from Naval Hospital Bremerton, assigned to Fleet Hospital Five, were involved in an Operational Readiness Evaluation at the Fleet Hospital Operational Training Command on Camp Pendelton, Calif.

Two hundred and forty-four members out of the total 978 which make up the ranks of Fleet Hospital Five, participated in the evaluation as part of a planned training and testing cycle, according to CAPT Daniel Snyder, MSC, commanding officer for Fleet Hospital Five.

The group set up a 50-bed fleet hospital from the ground up and provided patient care to 'war' casualties (simulated patients painted with moulage) in the process. They also constructed the tent hospital, loaded it with all equipment and supplies, and were ready to operate as a fully functional hospital in a matter of hours.

"The casualties won't wait for us," said LCDR Joseph Richter, MSC, head of operational readiness at Naval Hospital Bremerton, and an experienced Plans, Operations and Medical (POMI) officer. "Our mind set must be that we respond as if we were deployed for either a Humanitarian Assistance mission or for an actual conflict. We can set up the operating room quickly and build around it. Our advanced party will set up berthing for the main party and get the priorities in place."

Those priorities, according to Richter, are supplies, communications and the ability to report to headquarters.

"In a real-life scenario, communications would need to be established with the host nation. We would need to establish a flow of water, fuel and blood. This is an orderly, logical progression of events. We're not shooting from the hip on any of this. This is something we know," Richter said about the exercise.

To help with those priorities, a detachment of 33 Seabees went with the 81 individuals who made up the advance party. The Seabees from Construction Battalion Units 417 from Bangor Submarine Base and 418 from Whidbey Island Naval Air Station are trained to hit the ground running.

"No one can predict the future, but we can be ready for it. This type of exercise helps keep us in a ready state. We want to be like the Boy Scouts and always be prepared," Snyder said.

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Headline: DoD focuses on making TRICARE simple
By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- Military health care quality has never been better, but it's still hard sometimes to see a doctor or get an appointment as Dr. Sue Bailey learned in Southern California March 31.

The Assistant Secretary Of Defense for Health Affairs participated in focus groups with senior military commanders, beneficiaries, and military and civilian health care providers. No problems with the quality of care surfaced in the discussions, but Bailey heard complaints about customer service and how complex and difficult TRICARE is to understand. Yet, she came away from the talks convinced TRICARE has improved military health care overall.

"DoD health care is remarkably better than it was 10 years ago," Bailey said. She cited improved technology, provider training and the emphasis on preventive care as signs military health care is itself, healthier. "The problem is, [TRICARE] is perceived as more complex," Bailey said.

Before TRICARE was implemented in 1995, patients received their care either at military hospitals and clinics or through CHAMPUS- authorized providers. TRICARE offers many more choices for treatment, including 15 beneficiary categories.

While not offering specific remedies, Bailey said, DoD needs to stabilize and simplify TRICARE and raise customer satisfaction. Members of the focus groups agreed.

"I think we need to simplify TRICARE, especially for our new service members," said Wendy Peterson, quality of life coordinator at the Marine Corps Recruit Depot in San Diego.

Better business practices will help improve customer service, Bailey said. This includes answering phones and scheduling appointments quickly and courteously, she said.

Independent studies contracted by Health Affairs show TRICARE has improved access and quality of health care while containing costs for both the government and beneficiaries in the Pacific Northwest, where TRICARE began in 1995. There, a survey of more than 10,000 DoD health care beneficiaries found quality up, costs stable and increased reliance upon preventive health service vs. emergency room visits. A major goal of TRICARE is to build a healthier population that is not overly reliant on urgent or acute care.

A similar report is expected later this year on the outcome of TRICARE in Southern California, where the program began in 1996. Surveys will be conducted in each of the regions as they mature, as will follow-up surveys.

This was the eighth in a series of visits Bailey began this year to each TRICARE region in the United States and overseas. She's scheduled to visit the remaining regions by the end of April.

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Headline: Bremerton's family practice residency program wins big in Las Vegas

By Judith A. Robertson, Naval Hospital Bremerton

BREMERTON, Wash. -- About 500 family medicine physicians from the Navy, Air Force and Army gathered at the 24th Annual Scientific Assembly of the Uniformed Services Academy of Family Physicians (USAFP) in Las Vegas. Betting was fast and furious, not at the casinos, but on who would take the honors at the annual research competition.

Naval Hospital Bremerton won big - not through lady luck, but through the hard work of its Family Practice Department.

"Of the 28 papers presented in the Research Competition at the Assembly, eight were by Navy physicians and seven of the eight were from people currently in, or recently graduated from, our program," said CAPT Jeff Brodie, MC, head of the Family Practice Department. "And of the twelve academic awards given, five went to Navy physicians, all of whom are affiliated with our program."

Of the four Navy Family Medicine Residency (PSFMR) programs nationwide, Bremerton's Puget Sound Family Medicine Residency program is the smallest, training 18 residents yearly.

Although small, the PSFMR program provides a vibrant environment and mentors who are happy clinically. It is

that atmosphere that attracts residents, according to Brodie.

"Residents want to come here, because we are close knit. This is an intense period of time in their lives. They have an opportunity to train and learn and provide care under the supervision of a knowledgeable, caring, enthusiastic staff. We are growing an academic culture and fostering a desire to learn on the part of our residents," Brodie said.

The USAFP, an organization with over 1400 members, exists to promote and maintain the high standards of uniformed family medicine, and according to Brodie, participation in the annual research competition helps stimulate that desire to learn. The USAFP research competition is the benchmark by which to gauge how well the residents are doing academically.

"We expect our residents to be involved in life-long learning and the academic milieu of our program helps develop that," Brodie said.

Residency program winners of the 1999 USAFP Research Competition are: Mark B. Stephens, MD, LT C. Samuel Blackadar, MC, LCDR Frederick C. Kass, LCDR Mark B. Stephens, MC, LCDR Walter Greenhalgh, MC, LCDR Nancy L. Moya, MC, USNR, LT Paul L. Blaskowski, MC, USNR, and LCDR David A. Tarantino, Jr., MC, USNR.

"I am really proud of our program and how we've represented the Navy," Brodie said of his team. "I think we are enhancing the reputation of Navy family medicine."

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Headline: Navy training put to use at the Exchange food court

By LTJG G.W. Gellman, MSC, Naval Medical Clinic, Annapolis

ANNAPOLIS, Md. -- While LCDR Michael A. Nace, NC, was shopping with his family at the Fort George Meade Post Exchange, he heard a call for a physician or nurse to please report immediately to the ID desk. Upon arrival he was informed that a woman was feeling ill in the food court and the paramedics had been called.

Nace responded to the food court area to see the woman on the floor surrounded by people. He saw two individuals performing cardiopulmonary resuscitation on a 42-year-old Asian female that had been down for a short period of time. Nace immediately identified himself as an Emergency Room Nurse and then began CPR with one of the initial responders until the paramedics arrived.

Nace's expert knowledge and skills in Emergency Medicine, as well as his vast experience in prehospital care, paid off further when he was able to assist the arriving paramedics in performing prompt, life-saving techniques.

His training and skills were gained with the Navy as a member of the USS Theodore Roosevelt's Medical Response Team, and as a Primary Instructor and Course Coordinator of the Emergency Medical Technician Program.

While the paramedics performed their initial assessment, Nace was able to assist with hyperventilation and intubation, where a tube is inserted into the patient's trachea to allow airflow into the patients lungs. The patient was then transferred to a local hospital, where she continued to receive medical care.

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Headline: Health care on the camp grounds
From Branch Medical Clinic, Key West

KEY WEST, Fla. -- Branch Medical Clinic Key West takes health care to the camp grounds instead of the deckplates for many of their beneficiaries.

Naval Air Station, Key West sees a large influx of retired personnel and their families traveling in their recreation vehicles and camping trailers to enjoy the sunny Caribbean climate.

Under the leadership of Wellness Coordinator, LCDR Susan Gianino, NC, health care has pitched a tent on the campgrounds. In a recent health fair retirees occupying nearly 400 campsites underwent a series of screening procedures, attended Cardiopulmonary Resuscitation classes, and received important information about TRICARE.

Gianino and her team made up of corpsmen, a physician assistant, an optometrist, the base chaplain, and a physician was a big hit with the campers.

"We see our visits to the campground as a means to let our retired personnel and their families know that we care about them and as a means of delivering the message of wellness and prevention," said Officer in Charge of BMC Key West, CDR Pat Alford, MSC

According to Alford, an example of "just in time" prevention came when a retired gentleman was given a tetanus shot (the first in over 20 years), and suffered a cut on a rusty piece of metal two days later.

The BMC wellness team was impressed by the retirees' responses. "These are wonderful people who want our help and have an incredible appetite for knowledge," said Alford.

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Headline: TRICARE question and answer

Question: Does TRICARE have a website?

Answer: Yes. The TRICARE website address is:
<http://www.tricare.osd.mil/>

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Headline: High blood pressure has numerous risk to the body
From Bureau of Medicine and Surgery

WASHINGTON -- High blood pressure also called hypertension, is known as the notorious silent killer. It

is also the culprit that increases the risk of heart or kidney disease or a stroke.

Blood is carried from the heart to the body's tissue and organs through the arteries. To determine the pressure of the blood flow, a person's pressure is given in two different numbers that appear like a fraction. The systolic pressure or top number is the force in which the blood pushes against the walls of the arteries when the heart contracts and is pumping blood. When the heart is at rest, in between beats, blood pressure falls and this determines the diastolic pressure or bottom number.

According to the American Heart Association, normal blood pressure measurement is less than 130 systolic and less than 85 diastolic. An optimal measurement is less than 120 systolic and less than 80 diastolic.

During the course of normal activity your blood pressure will rise or fall. For example, if you run for a bus, your pressure goes up. When you're asleep at night, your blood pressure goes down. These changes are normal. When blood pressure is up most or all the time, it pushes blood against the walls of the arteries with higher-than-normal force causing serious medical problems to the body if it goes untreated.

High blood pressure for extended periods of time can cause hardening of the arteries, heart attack, kidney failure and strokes, according to the National Heart, Lung and Blood Institute. Below will tell you how hypertension can harm the entire body.

- Hardening of the arteries or arteriosclerosis - the constant pressure on the arteries cause them to become thick and stiff. This speeds the build up of cholesterol and fats in the blood vessel that prevents the flow of blood through the body and in time can lead to a heart attack or stroke.

- Heart attack - the arteries that bring blood to the heart muscle become blocked. Therefore the heart cannot get enough oxygen. Reduced blood flow can cause angina or chest pain. Once the flow is stopped completely it causes a heart attack.

- Kidney failure - when the arteries become thick and narrow it reduce the blood flow throughout the body including the kidneys which filter out the body's waste. When the flow of blood is reduced the kidney filters less fluid and waste builds up in the blood. The kidneys become damaged and may fail altogether. When this happens, medical treatment or kidney transplant may be needed.

- Stroke - narrowed arteries means less blood gets to the brain. If a blood clot blocks one of the narrowed arteries, a stroke can occur.

Regardless of race, age, sex or heredity you can reduce the risk of hypertension by maintaining a healthy weight, increasing physical activity, and choosing foods low in sodium.

Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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